

MSN Application for Admission for:

Name (Last, First MI)

Enter last 4 digits of US SSN, if none enter last 4 digits of Phone Number

10. Current mailing address (if different):

Street

City

Home Phone

State

Zip Code

Country Code

Business Phone

11 (a). For each postsecondary institution you have attended, enter the UTHSC Houston institution code number from the list provided. If you are submitting this application online, you may [click on this link](#) to open the list in this browser window, or copy the link and paste it into a new browser window. **Darkened fields** are required information. If your college, university or professional school is not listed, fill in the spaces provided in section 11 (b). Include any you plan to attend prior to enrollment. An **OFFICIAL** transcript from **EACH** college, university or professional school is required**. **Please request that transcripts be sent electronically.** Begin with the first school attended.

6-char Institution Code (list)

Institution Name

Major

Attended (yyyymm)

to (yyyymm)

Degree

- ☐ Undergraduate
☐ Graduate
☐ Professional

Date of Degree (yyyymm)

6-char Institution Code (list)

Institution Name

Major

Attended (yyyymm)

to (yyyymm)

Degree

- ☐ Undergraduate
☐ Graduate
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Date of Degree (yyyymm)

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☐ I am sending the remainder of this list by email or separate page.

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11 (b). List ALL colleges, universities, and professional schools not found on the list provided.

Institution Name	Location (City, State, Country)	Major

Attended (yyyymm)	to (yyyymm)	Degree	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional	Date of Degree (yyyy/mm)

Institution Name	Location (City, State, Country)	Major

Attended (yyyymm)	to (yyyymm)	Degree	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional	Date of Degree (yyyy/mm)

Institution Name	Location (City, State, Country)	Major

Attended (yyyymm)	to (yyyymm)	Degree	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional	Date of Degree (yyyy/mm)

☐ I am sending the remainder of this list by email or separate page.

12. List Below all courses in progress or planned prior to enrollment.

Term	Year	Exact Course Title	Course Number	Credit Hours	Name of School

☐ I am sending the remainder of this list by email or separate page.

13. If you have been employed during or after college, or have served in the armed service, list your employers or military service and type of work in chronological order, starting with the most recent.

Name & Address of Employer (most recent first)	From (mm/yy)	To (mm/yy)	Full Time (Y/N)	Position

Name & Address of Employer (most recent first)	From (mm/yy)	To (mm/yy)	Full Time (Y/N)	Position

Name & Address of Employer (most recent first)	From (mm/yy)	To (mm/yy)	Full Time (Y/N)	Position

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14. Please indicate below the location of the High School from which you graduated:

City

County

State

Country

15. Check below to indicate the admission test which you have taken (or will take):

<p>Graduate Record Examination (GRE)</p> <p>GRE Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>(yyyymm)</p>	<p>Verbal Score <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Quantitative <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Analytical or Writing <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOTE: for GRE before Sept. 2002 enter Analytical Score. Beginning Sept 2002 enter Analytical Writing Score</p>
<p>Miller Analogies Test</p> <p>MAT Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>(yyyymm)</p>	<p>MAT Score: <input type="text"/> <input type="text"/></p>
<p><input type="checkbox"/> TOEFL Paper Based</p> <p><input type="checkbox"/> TOEFL Computer Based</p> <p>TOEFL Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>(yyyymm)</p>	<p>TOEFL Score: <input type="text"/> <input type="text"/> <input type="text"/></p>

16. If you have applied to the University of Texas - Houston HSC School of Nursing in prior years, please list dates and under what name you applied:

17. Have you enrolled at the University of Texas - Houston HSC School of Nursing in prior years, please list dates and under what name you enrolled:

18. If you have applied to any of the University of Texas System's graduate or professional schools in prior years, please list the schools and dates:

19. B.S.N. Degree Received (Year):

Accredited Program: ☐ Yes ☐ No

Institution:

Was applicant an R.N. prior to receiving: ☐ B.S.N. ☐ Diploma ☐ Assoc.

(Year)

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20. Please indicate below the Clinical Track and Role to which you are applying.

Are you applying to the **MSN/MPH** Program? ☐ YES ☐ NO

[illegible]

Reference One - Last Name

[illegible][illegible]

Academic ☐ Professional ☐

[illegible][illegible]

Academic ☐ Professional ☐

[illegible][illegible]

Academic ☐ Professional ☐

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22. Please describe the professional goals you hope to achieve by pursuing graduate study. (if additional space is necessary, use separate sheet.)

NOTE: Insure your essay is visible above. If you cannot see some of it, neither can the faculty.

23. Other than minor traffic violations, have you ever been convicted of a felony or misdemeanor?

☐ Yes ☐ No

If yes, please explain:

I certify that the information submitted herein is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for denial of admission or for dismissal. ☐ Yes ☐ No

Signature (if completing paper form)

Date (mm/dd/yyyy)